



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/14/2025 Current Slot No.: 0017  
 Department Name: WIC Program Current Position Title: Peer Counselor I  
 Department No.: 350-002 Requested Position Title: \_\_\_\_\_

**REQUEST FOR:**  New Position  Temporary Position\*  Position Reclassification  Other  Delete

<b>SALARY REQUEST:</b>	<u>\$ 30,244.00</u>	<u>Proposed Budgeted Amount</u>	<u>-\$ 30,244.00</u>
	<small>Current Budgeted Amount</small>		<small>Net Change</small>
<b>SALARY REQUEST:</b>		<u>Proposed Budgeted Amount</u>	<u>\$ 0.00</u>
	<small>Current Budgeted Amount</small>		<small>Net Change</small>
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 30,244.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
 Salary Adjustment  Other

**POSITION TYPE:**  Full Time Regular Object Code 113  Part Time Regular Object Code 114  
 Full Time Temporary Object Code 121  Part Time Temporary Object Code 122

**CIVIL SERVICE:**  Exempt  Non-Exempt **FLSA:**  Exempt  Non-Exempt

**\* TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
			Annual Salary	
			Step 1 Salary / 2,080 Hours Per Year = Hourly Rate	

No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** *(Explain why position or adjustment request is essential)*

This position is no longer needed.

Department Head  
  
 Department of Human Resources

10/14/2025  
Date  
 10/30/25  
Date